### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

	,				Inis Form is Open to Pt Inspection	ublic			
Part I	Part I Annual Report Identification Information								
For caler	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
A This r	eturn/report is for:	a multiemployer plan;	a multipl	e-employer plan; or					
		a single-employer plan;	a DFE (s	specify)					
		_	_						
<b>B</b> This r	eturn/report is:	the first return/report;	<u> </u>	return/report;					
		an amended return/report;	a short p	plan year return/report (less th	an 12 months).				
C If the	plan is a collectively-bargaine	ed plan, check here							
<b>D</b> Chec	k box if filing under:	X Form 5558;	automat	ic extension;	the DFVC program;				
	<b>U</b>	special extension (enter des	cription)						
Part I	I Basic Plan Inform	mation—enter all requested informa	ution						
	ne of plan				<b>1b</b> Three-digit plan number (PN) ▶	001			
LYDIG C	ONSTRUCTION, INC. 401(k	K) PLAN			1c Effective date of plants	an			
					09/01/1966				
		s (employer, if for a single-employer p	olan)		2b Employer Identifica	ation			
,	ress should include room or s	suite no.)			Number (EIN) 91-0672331				
LYDIGC	CONSTRUCTION, INC.				<b>2c</b> Sponsor's telephor	ne			
					number				
РО ВОХ	11035	11001 E M	MONTGOMERY		509-534-0451				
SPOKAN	NE, WA 99211		E, WA 99211		2d Business code (see instructions)	е			
					236200				
Caution	: A penalty for the late or in	complete filing of this return/repor	t will be assessed	unless reasonable cause is	s established.				
		penalties set forth in the instructions, I				edules,			
statemer	nts and attachments, as well a	as the electronic version of this return	/report, and to the b	pest of my knowledge and bel	ief, it is true, correct, and con	nplete.			
SIGN Filed with authorized/valid electronic signature. 10/11/2010 MARK D. BRAY HERE									
HEKE	Signature of plan adminis	strator	Date	Enter name of individual signing as plan administrator					
SIGN HERE									
TILIXE	Signature of employer/pla	an sponsor	Date	Enter name of individual si	gning as employer or plan sp	onsor			
SIGN HERE									
- ILICE	Signature of DFE Date Enter name of individual s				al signing as DFE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

	Form 5500 (2009)			Page	2				
	Plan administrator's name and address (if same as plan sponsor, enter "Same")  LYDIG CONSTRUCTION, INC.						3b Administrator's EIN 91-0672331		
РО	D BOX 11035 OKANE, WA 99211						<b>3c</b> Ac	dministrator's telephone umber 19-534-0451	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/repo	rt filed f	or this	s pla	an, enter the name, EIN	N and	4b EIN	
а	Sponsor's name							4c PN	
5	Total number of participants at the beginning of the plan year						5	124	
6	Number of participants as of the end of the plan year (welfare plans complete	e only	lines 6	a, 6b,	, 6с	, and <b>6d</b> ).			
_							C-	106	
а	Active participants				•••••		6a	100	
b	Retired or separated participants receiving benefits						6b	2	
С	Other retired or separated participants entitled to future benefits						6c	18	
Ч	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>						6d	126	
u	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>		•••••				00		
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive	benefit	3			<u>6e</u>	1	
f	f Total. Add lines 6d and 6e				6f	127			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					6g	120		
h	Number of participants that terminated employment during the plan year with less than 100% vested						6h	4	
7	Enter the total number of employers obligated to contribute to the plan (only	/ multie	employ	er pla	ns c	complete this item)	7		
	If the plan provides pension benefits, enter the applicable pension feature con 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes								
9a	Plan funding arrangement (check all that apply)  (1)	9b	Plan b (1) (2) (3) (4)	enefit X	  -	angement (check all th nsurance Code section 412(e)(3) Trust General assets of the s	insuran		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attache	ed, and	wher	re ir	ndicated, enter the num	ber atta	ched. (See instructions)	
а	Pension Schedules (1) X R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money	b	Gene (1) (2)	ral Sc	ched	dules  H (Financial Inform I (Financial Inform	,	· Small Plan)	
	Purchase Plan Actuarial Information) - signed by the plan		(3)	X	1	1 A (Insurance Info	rmation)	- -	

(4)

(5)

(6)

**C** (Service Provider Information)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

actuary

(3)

**SB** (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

Pension Benefit Guaranty Cor	poration		▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection	
For calendar plan year 200	9 or fiscal pla	an year beginning 01/01/2009	9	and end	ding 12/	/31/2009		
A Name of plan LYDIG CONSTRUCTION,	INC. 401(K)	PLAN		B Three-plan r	-digit number (PN	N) •	001	
C Plan sponsor's name as LYDIG CONSTRUCTION,		ne 2a of Form 5500.		<b>D</b> Employ 91-0672		ation Number (	EIN)	
		ning Insurance Contrac Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance car STANDARD INSURANCE	COMPANY	, no	(e) Approximate no	umber of		Policy or co	ontract vear	
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	it end of	(f)	From	<b>(g)</b> To	
93-0242990	69019	801217	1:	20	01/01/20	09	12/31/2009	
2 Insurance fee and comr descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3 t	he agents,	brokers, and o	ther persons in	
(a) Total a	mount of com	nmissions paid		<b>(b)</b> Tot	al amount	of fees paid		
3 Persons receiving comr	nissions and	35380 fees. (Complete as many entric		persons).			0	
•		and address of the agent, broke			ns or fees	were paid		
D A DAVIDSON & COMP.		PO	BOX 5015 EAT FALLS, MT 59403-5			·		
(b) Amount of sales an	d base	F	ees and other commission	ns paid				
commissions paid		(c) Amount		(d) Purpose		(e) Organization code		
35380							3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commissio	ons or fees	were paid		
(b) Amount of sales an			ees and other commissions paid				(2) Onna distribution and	
commissions paid		(c) Amount		(d) Purpose			(e) Organization code	

Schedule A (Form 5500)	2009	Page <b>2-</b> 1						
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Fees and other commissions paid						
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code					
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d					
	I							
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai						
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ch carrier may be treated as a unit t	for purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	4	766371	
		ent value of plan's interest under this contract in separate accounts at year e			9947363
6	Cont	racts With Allocated Funds:		·	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with the acqui	sition or 6d	
		Specify nature of costs			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶			
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	ating plan check here	<b>▶</b> □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	Type of contract: (1)	ite participation guaran	tee	
	b	Balance at the end of the previous year		7b	1067954
	С	Additions: (1) Contributions deposited during the year	. 7c(1)	155261	
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	7c(3)	27516	
		(4) Transferred from separate account	7c(4)	614098	
		(5) Other (specify below)  ▶ LOAN PAYMENTS	. 7c(5)	5401	
		(6)Total additions		7c(6)	802276
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )		7d	1870230
	е	Deductions:		·	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14985	
		(2) Administration charge made by carrier	. 7e(2)	127	
		(3) Transferred to separate account	. 7e(3)	1082174	
		(4) Other (specify below)	. 7e(4)	6573	
		LOAN ISSUES			
		(5) Total deductions		7e(5)	1103859
	f	Balance at the end of the current year (subtract e(5) from d)			766371

Page <b>4</b>	

Schedule A	(Form	5500	2000
Scriedule A	(FOIIII	5500	1 2009

Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting put the entire group of such individual contracts of	oup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Who	ere contract	
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	<b>b</b> Dental	c	Vision		<b>d</b> Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	ty <b>g</b>	Supplemental unemp	oloyment	<b>h</b> Prescription drug
	i [	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Expe	rience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs					
		(D) Other expenses		9c(1)(D)			
		(E) Taxes					
		(F) Charges for risks or other contingencies.					
		(G) Other retention charges		9c(1)(G)		T	
		(H) Total retention	_	_		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1	) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in <b>c(2)</b> .)		9e	
10		nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to o	arrier			10a	
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo	, ,		•	10b	
	Sp	ecify nature of costs					

Part IV	Provision of Information			
<b>11</b> Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

## SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009
A Name of plan	<b>B</b> Three-digit
LYDIG CONSTRUCTION, INC. 401(K) PLAN	plan number (PN) • 001
C Diagram and a series as a beauty on time 20 of Form 5500	D. Faralayas Identification Number (FIN)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
LYDIG CONSTRUCTION, INC.	91-0672331
Part I   Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the informati or more in total compensation (i.e., money or anything else of monetary value) in conne plan during the plan year. If a person received <b>only</b> eligible indirect compensation for vanswer line 1 but are not required to include that person when completing the remainded	ection with services rendered to the plan or the person's position with the which the plan received the required disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Compen	nsation
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder	
indirect compensation for which the plan received the required disclosures (see instruct	
<b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person provinceeived only eligible indirect compensation. Complete as many entries as needed (see	
(b) Enter name and EIN or address of person who provided yo	ou disclosures on eligible indirect compensation
STANCORP FINANCIAL GROUP	
93-1253576	
(b) Enter name and EIN or address of person who provided you	ou disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

answered	I "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in to	otal compensation
			a) Enter name and EIN or	address (see instructions)		
STANCOR	P FINANCIAL GROUP		.,			
93-1253570	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 50	NONE	55083	Yes ☐ No 🛚	Yes No		Yes No
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)  Yes No	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?  Yes No	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
				100 [] 110 []		
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Page <b>4-</b> 1	Page	4-	1
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	(a) Enter name and EIN or address (see instructions)						
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?	
					(f). If none, enter -0		
			Yes No	Yes No		Yes 📗 No 📗	
		(	a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
( )		by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	Citici o .	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes No	Yes No		Yes   No	
			->-				
		(	a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
, ,	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	0.1.01	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes   No	Yes No		Yes   No	

Schedule	C	(Form	5500)	2009
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### Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

many entiries as needed to report the required information for each source.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(a) Describe the indirect	compensation, including any
(a) Enter name and Env (address) of source of maneer compensation	formula used to determine	the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

Page <b>6-</b>	1
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Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

Pa	art III Termination Information on Accountants and E (complete as many entries as needed)	Enrolled Actuaries (see instructions)
а	Name:	<b>b</b> EIN:
С	Position:	
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	<b>b</b> EIN:
C	Position:	<b>4</b> 2
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	<b>b</b> EIN:
C	Position:	D EIII.
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	<b>b</b> EIN;
C	Position:	D LIN,
d	Address:	<b>e</b> Telephone:
	Address.	• relephone.
Ex	xplanation:	
а	Name:	<b>b</b> EIN;
C	Position:	
d	Address:	e Telephone:
Ex	xplanation:	

## **SCHEDULE D** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal	plan year beginning	01/01/2009 and	l ending 12/31/2009
A Name of plan LYDIG CONSTRUCTION, INC. 401(K	() PLAN		B Three-digit plan number (PN) 001
C Plan or DFE sponsor's name as st LYDIG CONSTRUCTION, INC.	nown on line 2a of Forn	n 5500	D Employer Identification Number (EIN) 91-0672331
		CTs, PSAs, and 103-12 IEs (to be cor	npleted by plans and DFEs)
a Name of MTIA, CCT, PSA, or 103		d to report all interests in DFEs)	
<b>b</b> Name of sponsor of entity listed in	STANDARD II	NSURANCE COMPANY	
<b>C</b> EIN-PN 93-0242990-005	d Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)	
a Name of MTIA, CCT, PSA, or 103	3-12 IE:		
<b>b</b> Name of sponsor of entity listed in	n (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)	
a Name of MTIA, CCT, PSA, or 103	3-12 IE:		
<b>b</b> Name of sponsor of entity listed in	n (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)	
a Name of MTIA, CCT, PSA, or 103	3-12 IE:		
<b>b</b> Name of sponsor of entity listed in	n (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction).	
a Name of MTIA, CCT, PSA, or 103	3-12 IE:		
<b>b</b> Name of sponsor of entity listed in	n (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction).	
a Name of MTIA, CCT, PSA, or 103	3-12 IE:		
<b>b</b> Name of sponsor of entity listed in	n (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)	
a Name of MTIA, CCT, PSA, or 103	3-12 IE:		
<b>b</b> Name of sponsor of entity listed in	n (a):		
C EIN-PN	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT,	PSA, or

103-12 IE at end of year (see instructions)

Schedule D (Form 5500)	2009	Page <b>2-</b> 1				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	a Name of MTIA, CCT, PSA, or 103-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	n (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103	-12 IE:					
<b>b</b> Name of sponsor of entity listed in	ı (a):					

Dollar value of interest in MTIA, CCT, PSA, or

Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

103-12 IE at end of year (see instructions)

**d** Entity

**d** Entity

code

code

C EIN-PN

C EIN-PN

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

е

Page **3-** 1

P	art II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na			
b	Name o		С	EIN-PN
а	Plan na	me		
b	Name o		С	EIN-PN
a	Plan na	me		
b	Name o		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name o		С	EIN-PN

### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

rension benefit dualanty dorporation				ilispection	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and	ending 12/31/2009		
A Name of plan			<b>B</b> Three-digit		
LYDIG CONSTRUCTION, INC. 401(K) PLAN			plan number (PN	001	
C Plan sponsor's name as shown on line 2a of Form 5500			D Employer Identification	ation Number (EIN)	
LYDIG CONSTRUCTION, INC.			04.0070004		
			91-0672331		
Part I Asset and Liability Statement					
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of m lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, Co and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See	nore than one se contract wh CTs, PSAs, ar	plan on a ich guaran nd 103-12	line-by-line basis unless itees, during this plan ye	the value is reportable or ar, to pay a specific dollar	n r
Assets		<b>(a)</b> B	eginning of Year	(b) End of Year	
a Total noninterest-bearing cash	1a	<b>\</b>			
<b>b</b> Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	1b(1)		1150764	724	4010
(2) Participant contributions	1b(2)		5481		
(3) Other	1b(3)				
<b>c</b> General investments:					
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)				
(2) U.S. Government securities	1c(2)				
(3) Corporate debt instruments (other than employer securities):					
(A) Preferred	1c(3)(A)				
(B) All other	1c(3)(B)				
(4) Corporate stocks (other than employer securities):					
(A) Preferred	1c(4)(A)				
(B) Common	1c(4)(B)				
(5) Partnership/joint venture interests	1c(5)				
(6) Real estate (other than employer real property)	1c(6)				
(7) Loans (other than to participants)	1c(7)				
(8) Participant loans	1c(8)		183118	181	1584
(9) Value of interest in common/collective trusts	1c(9)				
(10) Value of interest in pooled separate accounts	1c(10)		5612527	9947	7363
(11) Value of interest in master trust investment accounts	1c(11)				
(12) Value of interest in 103-12 investment entities	1c(12)				
(13) Value of interest in registered investment companies (e.g., mutual	1c(13)				

1c(14)

1c(15)

(14) Value of funds held in insurance company general account (unallocated

contracts).....

766371

1067954

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8019844	11619328
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	8019844	11619328

## Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	724010	
(B) Participants	2a(1)(B)	507748	
(C) Others (including rollovers)	2a(1)(C)	21686	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1253444
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11363	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11363
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2410210
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
C Other income	2c		27516
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		3702533
Expenses			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	100823	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		100823
f Corrective distributions (see instructions)	9.5		
g Certain deemed distributions of participant loans (see instructions)			
h Interest expense	01		
i Administrative expenses: (1) Professional fees	0:(4)		
(2) Contract administrator fees	0:(0)		
(3) Investment advisory and management fees	2:(2)		
(4) Other		2226	
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)		2226
. , , , , , , , , , , , , , , , , , , ,			103049
j Total expenses. Add all expense amounts in column (b) and enter total  Net Income and Reconciliation			100010
	2k		3599484
k Net income (loss). Subtract line 2j from line 2d	ZR		0000404
Transfers of assets:	21(4)		
(1) To this plan			
(2) From this plan	21(2)		
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is attach	ned to this Form 5500. Comp	plete line 3d if an opinion is not
$\boldsymbol{a}$ The attached opinion of an independent qualified public accountant for this pl	an is (see instruction	ıs):	
(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
<b>b</b> Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	03-8 and/or 103-12(d	i)?	X Yes No
<b>C</b> Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MOSS ADAMS LLP	(2	) EIN: 91-0189318	
d The opinion of an independent qualified public accountant is not attached be			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta	ached to the next For	rm 5500 pursuant to 29 CFR	₹ 2520.104-50.

Pa	rt IV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	e, 4f, 4g,	4h, 4k, 4	m, 4n, or 5	j.	
	During the plan year:		Yes	No	Amo	unt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			X		
е	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			X		
~	•	41				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked and see instructions for format requirements.)	, 4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	<b>4</b> j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to anothe plan, or brought under the control of the PBGC?	r <b>4k</b>		Х		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If yes, enter the amount of any plan assets that reverted to the employer this year	Yes	s X No	Amour	ıt:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan( transferred. (See instructions.)	s), ident	ify the pla	an(s) to wh	ich assets or liabi	ities were
	5b(1) Name of plan(s)			<b>5b(2)</b> EIN	(s)	<b>5b(3)</b> PN(s)

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### **Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For	r calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and 6	endin	g	12/31/2	009					
	Name of plan IG CONSTRUCTION, INC. 401(K) PLAN	В		ee-digit n numbe N)	er •		001			
C =	Plan sponsor's name as shown on line 2a of Form 5500	D	Emr	oloyer Id	ontifica	ation Nu	ımbor	(EINI)		
	IG CONSTRUCTION, INC.			•		ation int	imbei	(E114)		
			91	-067233	31					
Pa	art I Distributions									
	references to distributions relate only to payments of benefits during the plan year.									
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions			1						_
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri payors who paid the greatest dollar amounts of benefits):	ing th	ne yea		e than	two, er	nter El	Ns of	the two	
	EIN(s): 93-0242990									
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.									
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the	•								—
	year			3						
P	Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of se	ction o	f 412 of	the Int	ternal F	levenu	e Cod	de or	
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes		No		N/A	A
	If the plan is a defined benefit plan, go to line 8.									
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver.  Date: Mon	ıth		Da	av		Yea	ır		
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rei									
6	a Enter the minimum required contribution for this plan year			6a						
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year			6b						_
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)			6c						_
	If you completed line 6c, skip lines 8 and 9.				1					
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?				Yes		No		N//	4
	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure provautomatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator	vidin	g							Α
8	with the change?				Yes		No			_
					Yes		No			
	with the change?				Yes		No			
Pa	art III Amendments			Decre			No Both	 [	☐ No	
Pa	with the change?  art III Amendments  If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate	ease			ease	ш	3oth	[	No	
Pa	with the change?  art III Amendments  If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box	ease (e)(7)	of the	Interna	ease I Reve	nue Co	Both ode,	[	☐ No	0
Pa	with the change?  Amendments  If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box	ease (e)(7)	of the	Interna	ease	nue Co	Both ode,	es 'es		
9 Pa	with the change?  Amendments  If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.  Int IV  ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(skip this Part.  Were unallocated employer securities or proceeds from the sale of unallocated securities used to repare	ease (e)(7) ay an	of the	npt loan	ease I Reve ? ?	nue Co	Both ode,		N	0

Page <b>2-</b>	1	
rage <b>z</b> -	1	

Pa	rt V	V Additional Information for Multiemployer Defined Benefit Pension Plans						
13			r the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ars). See instructions. Complete as many entries as needed to report all applicable employers.					
	а	Name of contributing employer						
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	comple (1)						
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d	Date c	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b b	EIN	C Dollar amount contributed by employer					
	d							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	Contrib comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					

Pac	ae	3
	,~	•

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:					
	a The current year	14a				
	<b>b</b> The plan year immediately preceding the current plan year	14b	_			
	C The second preceding plan year	14c				
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an				
	a The corresponding number for the plan year immediately preceding the current plan year	15a				
	<b>b</b> The corresponding number for the second preceding plan year	15b				
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:					
	a Enter the number of employers who withdrew during the preceding plan year	16a				
	<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b				
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, chapplemental information to be included as an attachment.					
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pension Plan	ıS			
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment					
19	If the total number of participants is 1,000 or more, complete items (a) through (c)					
	a Enter the percentage of plan assets held as:					
	Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:	_% Other:	_%			
	b Provide the average duration of the combined investment-grade and high-yield debt:  ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-2	21 years	ears or more			
	C What duration measure was used to calculate item 19(b)?	. ц ,				
	☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):					

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

## INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

**DECEMBER 31, 2009 AND 2008** 

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#### INDEPENDENT AUDITOR'S REPORT

Board of Trustees Lydig Construction, Inc. 401(k) Plan Spokane, Washington

We were engaged to audit the accompanying statement of net assets available for benefits of the Lydig Construction, Inc. 401(k) Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental Schedule H, Line 4i - Schedule of assets (held at end of year), referred to as "supplemental information" as of December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Standard Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Plan as of December 31, 2008, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Spokane, Washington

Moss Adams CLP

October 7, 2010

## LYDIG CONSTRUCTION, INC. 401(k) PLAN STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,			
	2009	2008		
	(Audited)	(Compiled)		
ASSETS				
Investments, at fair value:				
Pooled separate accounts	\$ 9,947,363	\$ 5,612,527		
Deposit adminstration group annuity contract	764,915	1,044,459		
Participant loans	181,584	183,118		
Total investments, at fair value	10,893,862	6,840,104		
Receivables:				
Employer contributions	724,010	1,150,763		
Participant contributions		5,481		
Total receivables	724,010	1,156,244		
NET ASSETS REFLECTING ALL INVESTMENTS AT				
FAIR VALUE	11,617,872	7,996,348		
Adjustment from fair value to contract value for fully benefit-responsive investment contract	1,456	23,495		
NET ASSETS AVAILABLE FOR BENEFITS	\$ 11,619,328	\$ 8,019,843		

# LYDIG CONSTRUCTION, INC. 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2009
	(Audited)
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	Φ 2.410.210
Net appreciation in fair value of investments Interest	\$ 2,410,210
Participant loan interest	27,516 11,363
i articipant ioan interest	
	2,449,089
Contributions:	
Employer	724,010
Participant	507,748
Rollover	21,686
	1,253,444
Total additions	3,702,533
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Distributions to participants	100,823
Administrative expenses	2,225
Total deductions	103,048
NET INCREASE	3,599,485
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	8,019,843
End of year	\$ 11,619,328

### **Note 1 - Plan Description**

The following description of the Lydig Construction, Inc. 401(k) plan (the Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of Plan provisions.

#### General:

The Plan is a participant-directed, defined contribution plan qualifying as a salary reduction and profit sharing plan covering substantially all non-union employees of Lydig Construction, Inc. (the Company), and is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company is the Plan's sponsor and serves as Plan administrator.

### Eligibility:

All employees, with the exception of union employees, nonresident aliens, interns, and certain job specific employees will be eligible to participate in the Plan once certain eligibility requirements are met. Employees of the Company are eligible for salary deferral contributions upon reaching the age of 21 and completing three consecutive months of service. Employees are eligible for discretionary profit sharing and matching contributions if the employee has reached the age of 21, and has completed one year of service.

#### Contributions:

Participation in the Plan is voluntary. Participants may elect to contribute up to the maximum amount allowable under current Internal Revenue Service limits to the Plan each year. Participants who are projected to be age 50 or older by the end of the Plan year may also make a catch-up contribution of up to \$5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan also allows for discretionary matching and profit sharing contributions. Participant must complete at least 1,000 hours of service during the Plan year, and be employed as of the last day of the Plan year, to be eligible to receive any matching and/or profit sharing contributions. Profit sharing contributions are allocated to participants. During 2009, the Company made matching contributions of \$123,853 and made profit sharing contributions of \$600,158. Contributions are subject to regulatory limitations.

### Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

### **Note 1 - Plan Description (Continued)**

### Vesting:

Participants are fully vested in their salary deferrals plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions are based on years of service according to the following schedule:

Years of Service	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

### Loans to participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance of the participant's account and bear fixed, reasonable rates of interest, as determined by the Plan administrator. The maximum number of Plan loans that any given participant may have outstanding at one time is one. The maximum loan term is five years unless the loan qualifies as a home loan in which case the term may be extended as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. As of December 31, 2009, the rate of interest on all outstanding loans ranged from 4.21% to 9.25% with various maturities through April 2024.

### Payment of benefits:

On termination of service due to death, disability, or retirement a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance, annual installments, or an annuity. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

### Forfeitures:

The forfeited balances of terminated participants' nonvested accounts will be used to offset future employer contributions or pay Plan expenses as determined by the Plan administrator. Forfeitures at December 31, 2009 and 2008, were \$31,041 and \$2,865, respectively. There was \$31,041 of forfeitures allocated to the employer matching contributions for the year ended December 31, 2009.

### **Note 2 - Summary of Significant Accounting Policies**

### Basis of accounting:

The financial statements of the Plan are prepared under the accrual method of accounting.

### Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the use of estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

### Financial Accounting Standards Board (FASB) codification:

On July 1, 2009, the FASB Accounting Standards Codification (ASC) became the single authoritative source for nongovernmental GAAP. The ASC supersedes all previous authoritative GAAP applicable to the Plan and is effective for interim and annual periods ended after September 15, 2009.

#### Investment valuation:

Investments are stated at fair value or certified by the Plan's custodian, Standard Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date.

In accordance with authoritative guidance, the Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities:
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2009 and 2008.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

### **Note 2 - Summary of Significant Accounting Policies (Continued)**

Units held in pooled separate accounts are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a pooled separate account is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a pooled separate account is classified within Level 2 of the valuation hierarchy.

The DA contract is interest-bearing with the goal of conservation of principal. The DA contract return is determined by a declared interest rate and not by the performance of the DA contract general assets. All participants who invest in the DA contract earn the same interest rate, which is a weighted-average of the interest rates on DA contract assets over the preceding five years. Interest is accrued and compounded quarterly. The fair value for the DA contract is calculated using the present value of the contract's future cash flow values discounted by the market interest rate. See Note 5. The DA contract is not actively traded and significant other observable inputs are not available. The DA contract is classified within Level 3 of the valuation hierarchy.

Participant loans are not actively traded and significant other observable inputs are not available. Participant loans are stated at amortized cost, which approximates fair value, and are classified within Level 3 of the valuation hierarchy. Loans are secured by each respective participant's account balance.

Investment contracts (the DA contract) held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Authoritative guidance requires the statement of net assets available for benefits present the fair value of the investments, as well as the adjustment from fair value to contract value for fully benefit-responsive investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis.

The valuation methods used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

### **Note 2 - Summary of Significant Accounting Policies (Continued)**

### Income recognition:

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

### Payment of benefits:

Benefits are recorded when paid.

### Expenses:

Administrative expenses for the Plan are paid directly by either the Company or the Plan. Certain transaction fees are paid by the Plan.

### Subsequent events:

Subsequent events are events or transactions that occur after the date of the balance sheet date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the date of the statement of net assets available for benefits and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 7, 2010, which is the date the financial statements are available to be issued.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

### **Note 3 - Investments**

### Investments:

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

	2009	(Compiled)	
	(Audited)		
Pooled separate accounts:			
Dodge & Cox Income	\$ 1,114,335	\$ 490,231	
T. Rowe Price Equity-Income	777,800	449,115	
T. Rowe Price Growth Stock	755,562	503,010	
T. Rowe Price Mid-Cap Growth	726,941	*	
Allianz NFJ Small Cap Value	836,470	517,225	
Artisan Mid Cap Value	583,345	*	
Dodge & Cox Intl Stock	958,964	825,788	
Munder Mid Cap Core Growth	*	409,428	
Deposit adminstration group annuity contract			
Stable Asset Fund **	766,371	1,067,954	

<sup>\*</sup> Did not exceed 5% of net assets.

During 2009, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as follows:

Pooled separate accounts

\$ 2,410,210

<sup>\*\*</sup> Contract value has been presented for the Stable Asset Fund as it is the relevant measurement for financial statement purposes.

### **Note 4 - Fair Value Measurements**

The following table discloses by level the fair value hierarchy discussed in Note 2:

Investment Assets at Fair Value as of December 31, 2009				
(Audited)				
Level 1	Level 2	Level 3	Total	

	(Audited)								
	Level 1		Level 2	Level 3		Total			
Pooled separate accounts:									
Balanced funds	\$	-	\$ 2,780,723	\$	-	\$	2,780,723		
Growth funds		-	4,747,972		-		4,747,972		
Index funds		-	1,180,740		-		1,180,740		
Fixed income funds		-	1,237,928	. <u>-</u>		1,237,928			
Total pooled separate accounts			9,947,363						9,947,363
Deposit adminstration group annuity contract				76	64,915		764,915		
Participant loans				181,584			181,584		
	\$		\$ 9,947,363	\$ 94	6,499	\$ 1	10,893,862		
Investment Assets at Fair Value as of December 31, 2008									
	(Compiled)								
	Level 1		Level 2	Level 3		Total			
Pooled separate accounts Deposit adminstration group annuity	\$	-	\$ 5,612,527	\$	-	\$	5,612,527		
contract		-	-	1,04	4,459		1,044,459		
Participant loans					3,118		183,118		
	\$	-	\$ 5,612,527	\$ 1,22	27,577	\$	6,840,104		

# LYDIG CONSTRUCTION, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

#### **Note 4 - Fair Value Measurements (Continued)**

The following table discloses the summary of changes in fair value of the Plan's Level 3 investment assets:

	Ad	Deposit ministration				
		oup Annuity Contract	_	Loans to	То	tal
				<u>F</u>		
Balance, beginning of year	\$	1,044,459	\$	183,118	\$1,22	7,577
Purchases, settlements and dispositions, net		(279,544)		(1,534)	(28	1,078)
BALANCE, END OF YEAR	\$	764,915	\$	181,584	\$ 94	6,499

#### **Note 5 - Guaranteed Investment Contract with Standard Insurance Company**

The Plan's DA contract is fully benefit-responsive and is presented fair value on the statement of net assets available for benefits. The adjustment from fair value to contract value is based on the contract value as reported by Standard Insurance Company (which represents contributions made under the contracts, plus earnings, less withdrawals and administrative expenses). The contracts are fully benefit-responsive. For example, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The deposit administration contracts are unsecured, general account obligations of insurance companies. The obligation is backed by the general account assets of the insurance company that writes the investment contract. The crediting interest rate on the DA contract for the years ended December 31, 2009 and 2008, was 2.32% and 2.64%, respectively. The average yield earned by the Plan for the DA contract for the years ended December 31, 2009 and 2008, were 2.43% and 2.61%, respectively. The average yield is based upon annualized earnings of the investment, which may differ from the crediting interest rate, which is based upon the annualized earnings credited to participant accounts.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, may limit the Plan's ability to transact at contract value with the issuer. The Plan administrator does not believe the occurrence of such events, which would also limit the Plan's ability to transact at contract value with participants, is probable.

#### **Note 6 - Tax Status**

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated the Plan is in accordance with applicable sections of the Internal Revenue Code.

#### Note 7 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

#### **Note 8 - Information Certified by the Custodian**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian, Standard Insurance Company:

	2009	2008
Pooled separate accounts	\$ 9,947,363	\$ 5,612,527
Deposit administration group annuity contracts (at contract value)	766,371	1,067,954
Participant loans	181,584	183,118
Net appreciation in fair value of investments	2,410,210	
Interest	27,516	

#### **Note 9 - Party in Interest Transactions**

The Plan's pooled separate accounts and DA contract are managed by the Standard. Standard Insurance is the custodian of the Plan assets and an affiliate of the Standard and, therefore, these transactions qualify as party in interest transactions. The Plan also allows for loans to participants, which qualify as party in interest transactions.

#### Note 10 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

# LYDIG CONSTRUCTION, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

### **Note 11 - Reconciliation to Form 5500**

The following is a reconciliation of the changes in investments per the Form 5500 to the financial statements as of December 31:

	2009	2008
Investments, at fair value, per the financial statements Adjustment from fair value to contract value for fully	\$10,893,862	\$ 6,840,104
benefit-responsive investment contracts	1,456	23,495
INVESTMENTS AT CONTRACT VALUE PER THE	<b>440.007.40</b>	ф. с 0 с <b>0 т</b> 00
FORM 5500	\$10,895,318	\$ 6,863,599

# LYDIG CONSTRUCTION, INC. 401(k) PLAN SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor's EIN: 91-0672331

Plan Number: 001

		(c)		
		Description, Including		
	(b)	Maturity Date, Rate of	Dece	mber 31, 2009
	Identity of Issue, Borrower,	Interest, Par Value,	(d)	(e)
(a)	Lessor or Similar Party	Number of Shares	Cost	Current Value
	Pooled separate accounts:			
*	Dodge & Cox Income	27,499.911 units	**	\$ 1,114,335
*	Vanguard Wellington Admiral	9,664.218 units	**	579,120
*	T. Rowe Price Equity-Income	32,737.397 units	**	777,800
*	Davis New York Venture	4,005.931 units	**	146,567
*	Vanguard 500 Index Signal	11,353.215 units	**	567,478
*	T. Rowe Price Growth Stock	31,215.946 units	**	755,562
*	Federated Mid-Cap	15,642.538 units	**	534,175
*	T. Rowe Price Mid-Cap Growth	11,139.676 units	**	726,941
*	Munder Mid Cap Core Growth	7,438.866 units	**	370,751
*	Harbor Capital Appreciation	16,092.007 units	**	545,877
*	Allianz NFJ Small Cap Value	17,223.554 units	**	836,470
*	Vanguard Small Cap Index	1,731.877 units	**	79,087
*	Fidelity Adivisor Small Cap	2,949.464 units	**	85,581
*	Vanguard Energy Inv	10,225.214 units	**	271,160
*	Blackrock Global Fin Svcs	6,113.281 units	**	88,349
*	Artisan Mid Cap Value	20,908.996 units	**	583,345
*	Lazard Emerging Markets Instl	24,391.300 units	**	526,416
*	American Century Infladj bd iv	3,498.399 units	**	88,857
*	Jpmorgan High Yield Bnd Select	971.256 units	**	34,735
*	First American Realestate Sec	2,760.709 units	**	108,098
*	Dodge & Cox Intl Stock	36,353.451 units	**	958,964
*	Vanguard Health Care	5,350.709 units	**	167,695
	Deposit adminstration group annuity contract			
*	Stable Asset Fund	2.43%, 6,574.446 units	**	766,371
*	Participant loans	4.21% - 9.25%		181,584
				\$ 10,895,318

<sup>\*</sup> Party in interest transaction as defined by ERISA.

<sup>\*\*</sup> The cost of participant directed investments is not required to be disclosed.

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I	Annual Report Identifi	cation Information		·	· · · · · · · · · · · · · · · · · · ·
	ndar plan year 2009 or fiscal plan		01/2009	and ending	12/31/2009
A This	return/report is for:	a multiemployer plan;	∐ a multipl	e-employer plan; or	
		🗓 a single-employer plan;	a DFE (s	pecify)	
B This	eturn/report is:	the first return/report;	the final	return/report;	
	-	an amended return/report;	a short p	lan year return/report (less th	an 12 months).
C If the	plan is a collectively-bargained p	lan, check here			□
	k box if filing under:	X Form 5558;		c extension;	the DFVC program;
- 01100	K DOX II IIIII G GIIGOII	special extension (enter des	-	·	
Part	I Racic Plan Informat	ion—enter all requested informa			
	e of plan Lydig Construc				1b Three-digit plan
ia nan	o or plantly dig Consciuc	CIOII, IIIC. TOI(K) I	1411		number (PN) ▶ 001
					1c Effective date of plan
					09/01/1966
	sponsor's name and address (el ress should include room or suite		plan)		2b Employer Identification Number (EIN)
	ig Construction, In				91-0672331
					2c Sponsor's telephone
					number
PΩ	Box 11035				(509) 534 - 0451
20	2000				2d Business code (see instructions)
	kane		WA	99211	236200
110	01 E Montgomery				
Spc	kane		W.P	99211	
		1 ( 2)	4. 20 h		
	A penalty for the late or incom				
					ncluding accompanying schedules, ef, it is true, correct, and complete.
	100 // 11 /	/	<u> </u>		·
SIGN	Warson S/ Name	✓	10-11-10	Mark D. Bray	
HERE	Circustum of plan administra		<del> </del>	<del>-</del>	
	Signature of plan administrat	UI	Date	Enter name of individual sig	ining as plan administrator
SIGN					
HERE					
	Signature of employer/plan s	onsor	Date	⊨nter name of individual sig	ning as employer or plan sponsor
SIGN					
HERE					
	Signature of DFE		Date	Enter name of individual sig	ining as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Page	2
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Form 5	ፍሰስ /	つつ	nai

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME 3b Administrator's EIN				
			1	dministrator's telephone umber
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	124
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	106
h	Retired or separated participants receiving benefits		6b	2
C	Other retired or separated participants entitled to future benefits		6c	18
d	Subtotal. Add lines 6a, 6b, and 6c		6d	126
e	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	1
f	Total. Add lines 6d and 6e		6f	127
q	Number of participants with account balances as of the end of the plan year	(only defined contribution plans		
3	complete this item)		6g	120
h	Number of participants that terminated employment during the plan year with		6h	4
7	less than 100% vested		7	*
8a	If the plan provides pension benefits, enter the applicable pension feature co	des from the List of Plan Characteristic Code	in the i	instructions:
b i	2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature code.	s from the List of Plan Characteristic Codes in	the inst	tructions:
	the plan provides welfare benefits, enter the applicable welfare feature code.  Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all tha	ıt apply)	
	the plan provides welfare benefits, enter the applicable welfare feature code.  Plan funding arrangement (check all that apply)  (1) X Insurance	9b Plan benefit arrangement (check all that	ıt apply)	
	the plan provides welfare benefits, enter the applicable welfare feature code.  Plan funding arrangement (check all that apply)  (1) Insurance	9b Plan benefit arrangement (check all that	ıt apply)	
9a	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1) X Insurance (2) Code section 412(e)(3) (3) X Trust (4) General assets of the sp	it apply) nsuranc	ce contracts
	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1) X Insurance (2) Code section 412(e)(3) (3) X Trust (4) General assets of the sp	it apply) nsuranc	ce contracts
9a 10	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1) X Insurance (2) Code section 412(e)(3) (3) X Trust (4) General assets of the specific section 412 (e) (for the section 412	nt apply) nsuranc onsor er attac	ce contracts
9a 10	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1)	nt apply) nsurance consor eer attace nation)	ce contracts
9a 10	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1)	nsurance consor cer attace nation)	ce contracts
9a 10	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1)	nsurance nonsor er attace nation) ation –	ched. (See instructions)  Small Plan)
9a 10	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1)	nsurance consor cer attace nation) ation – : mation) er Inform	ce contracts  ched. (See instructions)  Small Plan)
9a 10	Plan funding arrangement (check all that apply)  (1)	9b Plan benefit arrangement (check all that (1)	nsurance consor er attace nation) ation – mation) er Inform	ched. (See instructions)  Small Plan)  nation) Information)

# SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

#### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

Employee Benefits Security Ad	ministration	y rile as an	attachment to Form	550 <b>0</b> .			
Pension Benefit Guaranty Co	rporation	▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection		
For calendar plan year 20	09 or fiscal pla	an year beginning 0	1/01/2009	and e	nding	12/31	/2009
A Name of plan			, , , , ,		e-digit number (PN	1) •	001
Lydig Constructi	on, Inc.	401(k) Plan					
C Plan sponsor's name a			*** ***	D Emplo	yer Identifica	ation Number (	(EIN)
Lydig Constructi	on, Inc.			91-0	672331		
Part I Information on a separat	on Concer e Schedule A.	ning Insurance Contract Individual contracts grouped as	Coverage, Fees,	and Com	missions orted on a si	Provide inform	nation for each contract A.
1 Coverage Information:						-	
(a) Name of insurance ca	rrier						
Standard Insuran	ce Compa	ny					
	(c) NAIC	(d) Contract or	(e) Approximate			Policy or co	ontract year
(b) EIN	code	identification number	persons covered policy or contra		(f)	From	(g) To
93-0242990	69019	801217	120		01/0	1/2009	12/31/2009
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	tal commissions paid.	List in item 3	the agents,	brokers, and c	other persons in
(a) Total a	mount of com	missions paid		( <b>b</b> ) To	tal amount o	of fees paid	
		35,380					0
3 Persons receiving com	missions and t	fees. (Complete as many entries	s as needed to report a	all persons).			
	(a) Name	and address of the agent, broker	, or other person to wh	nom commiss	ions or fees	were paid	
D A Davidson & C PO Box 5015	ompany I	nc.					
Great Falls						MT 59403	-5015
(b) Amount of sales ar	nd base	Fe	es and other commiss	ions paid			
commissions pai	d	(c) Amount		(d) Purpose	·		(e) Organization code
3	5,380						3
	(a) Name a	and address of the agent, broker	or other person to wh	om commiss	ions or fees	vere paid	
(b) Amount of sales an	d hase	Fe	es and other commissi	ions paid			
commissions pai		(c) Amount		(d) Purpose	)		(e) Organization code

Schedule A (Form 5500)	2009	Page <b>2-</b>	
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were pa	aid
(h) Amount of calca and have		Fees and other commissions paid	(-) (-)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization
(a) Na	me and address of the agent	broker, or other person to whom commissions or fees were pa	l
(44) 114	The distriction of the agent,	protect, of early person to which sometimes on according to	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, I	broker, or other person to whom commissions or fees were pa	iid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ne and address of the agent, I	broker, or other person to whom commissions or fees were pa	aid .
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		1	

Par	t II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual conti	acts with each carrier may	be treate	d as a unit for purposes of
4 0	· · ·	this report.			4	7.66 2.71
		value of plan's interest under this contract in the general account at year			<u>4</u> 5	766,371
_		value of plan's interest under this contract in separate accounts at year of s With Allocated Funds:	ena			9,947,363
o c		te the basis of premium rates				
•	• Ola	tic the basis of premium rates.				
k	) Pre	emiums paid to carrier			6b	
C		emiums due but unpaid at the end of the year			6c	
C	l If th	ne carrier, service, or other organization incurred any specific costs in co	nnection w	rith the acquisition or	6d	
		ecify nature of costs		•		
E		pe of contract: (1) ☐ individual policies (2) ☐ group deferred other (specify)	d annuity			
-		ontract purchased, in whole or in part, to distribute benefits from a termi			<u>.</u>	
7 C		s With Unallocated Funds (Do not include portions of these contracts made of contract: (1) $ \overline{X} $ deposit administration (2) $ \overline{X} $ immedia		separate accounts) ation guarantee		
		(3) guaranteed investment (4) other	•			
ķ	) Bal	ance at the end of the previous year			7b	1,067,954
C	Add	ditions: (1) Contributions deposited during the year		15	5,261	
	(2)	Dividends and credits				
		Interest credited during the year		<u> </u>	7,516	
	• ′	Transferred from separate account		63	4,098	
		Other (specify below)	. 7c(5)		5,401	
	Li	oan Payments				
	(6)	Total additions			7c(6)	802,276
1	<b>d</b> Tota	l of balance and additions (add <b>b</b> and <b>c(6)</b> )	*****		7d	1,870,230
ı	<b>e</b> Dedi	uctions:			Alteria (a. Ja	
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	]	4,985	
		Administration charge made by carrier	7e(2)		127	
	` '	Transferred to separate account		1,08	2,174	
	٠,	Other (specify below)	7e(4)	<u> </u>	6,573	
		oan Issues				
	_	Fotal deductions			7e(5)	1,103,859
- 1	i Bala	ance at the end of the current year (subtract e(5) from d)			7f	766.371

Pя	aе	4

Be	information may be combined for reporting put the entire group of such individual contracts vanefit and contract type (check all applicable boxes)					s cover individual employees,
а	Health (other than dental or vision)	<b>b</b> Dental	сГ	Vision		d  Life insurance
			h Prescription drug			
e	Temporary disability (accident and sickness)	f Long-term disabili	· - =		pioyment	
İ	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
m	Other (specify)					
Exi	perience-rated contracts:					
	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid		9a(2)			
	(3) Increase (decrease) in unearned premium res					
	(4) Earned ((1) + (2) - (3))	'			9a(4)	
þ	Benefit charges (1) Claims paid				, , ,	
	(2) Increase (decrease) in claim reserves	i				
	(3) Incurred claims (add (1) and (2))	,,			9b(3)	
	(4) Claims charged				9b(4)	
C	Remainder of premium: (1) Retention charges (or					
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs	.,,	9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		9c(1)(E)			
	(F) Charges for risks or other contingencies		9c(1)(F)			
	(G) Other retention charges	,	9c(1)(G)			
	(H) Total retention				9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	redited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9d(3)	
е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	l in c(2).)		9e	
<b>0</b> N	onexperience-rated contracts:					
а	Total premiums or subscription charges paid to c	arrier	•••••		10a	
b	If the carrier, service, or other organization incurrent retention of the contract or policy, other than repo	• .		•	10b	
S	pecify nature of costs					

Part IV Provision of Information	
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	

## SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service **Service Provider Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

QMB No. 1210-0110

2009

Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500. This Form is Open to Public Inspection. Pension Benefit Guaranty Corporation 12/31/2009 01/01/2009 For calendar plan year 2009 or fiscal plan year beginning and ending A Name of plan B Three-digit plan number (PN) 001 Lydig Construction, Inc. 401(k) Plan C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 91-0672331 Lydig Construction, Inc. Service Provider Information (see instructions) Part I You must complete this Part, in accordance with the instructions, to report the information required for each person who received, directly or indirectly, \$5,000

or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position plan during the plan year. If a person received <b>only</b> eligible indirect compensation for which the plan received the required disclosures, you are required answer line 1 but are not required to include that person when completing the remainder of this Part.	with the
Information on Persons Receiving Only Eligible Indirect Compensation	
Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)	∏No
If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
StanCorp Financial Group 93-1253576	
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	

Schedule C (Form 5500) 2009	Page <b>2-</b>
(b) Enter name and EIN or addre	ss of person who provided you disclosures on eligible indirect compensation
( <b>b</b> ) Enter name and EIN or addre	ss of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or addre	ss of person who provided you disclosures on eligible indirect compensation
(h) Ester page and EIN or oddro	ss of person who provided you disclosures on eligible indirect compensation
(b) Eliter Harrie and Eliv or addre	ss of person who provided you disclosures on engine maneer compensation
(b) Enter name and EIN or addre	ss of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or addre	ss of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or addre	ss of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or addre	es of person who provided you disclosures on eligible indirect compensation

2. Information on Other So answered "yes" to line 1a above, (i.e., money or anything else of v	, complete as many e	entries as needed to list ea	ch person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
		a) Enter name and EIN or	address (see instructions)		
StanCorp Financial Gr 93-1253576	`	<u>-,</u>			
(b) Service Code(s) 12 15 1	18 50				
	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
None	55,083	Yes No 🛚	Yes 📗 No 📗		Yes No
	(	a) Enter name and EIN or	address (see instructions)		
	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g)  Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		Yes No	Yes No	(f). If none, enter -0	Yes No
		a) Enter name and EIN or	address (see instructions)	# .	<u> </u>
	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?

Schedule C (Forr	n 5500) 2009		Page <b>4-</b>		
	(	a) Enter name and EIN or	address (see instructions)		
• .	•	,			
(b) Service Code(s)					
(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
		Yes No No	Yes No		Yes No
	······································	a) Enter name and EIN or	address (see instructions)	<del>-</del>	<del> </del>
(b) Service Code(s)  (c)  Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		Yes No No	Yes No No		Yes No
	(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)					
(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e)  Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
		Yes No	Yes No		Yes 🗍 No 🗍

Part 1 Service Provider Information (continued)		
3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment management questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	gement, broker, or recordkeepin ot compensation and (b) each s	ng services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect	compensation, including any
		the indirect compensation.

Page 5-

Schedule C (Form 5500) 2009

Part II Service Providers Who Fail or Refuse to	Provide Infor	mation
4 Provide, to the extent possible, the following information for eathis Schedule.	ach service provide	er who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
		,
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

	_			
Schedule	С	(Form	5500)	200

Page **7-**\_\_\_\_\_

Pa	art III Termination Information on Accountants and Enrolled Actuaries (see instructions)  (complete as many entries as needed)					
а	Name:	· · · · · · · · · · · · · · · · · · ·	b EIN:			
C	Positio	1:				
d	Addres		e Telephone:			
<del></del>	, , , , ,					
Ex	planation	:				
а	Name:		b EIN:			
С	Positio	1):				
d	Addres		e Telephone:			
Ex	planation					
а	Name:		b EIN:			
С	Positio	<u></u>				
d	Addres		e Telephone:			
•						
Ex	planatior					
а	Name:		b EIN;			
c	Positio	· · · · · · · · · · · · · · · · · · ·				
d	Addres		e Telephone:			
	, tadi oc	•				
Ex	planatior					
а	Name:		b EIN;			
C	Positio	:				
ď	Addres		e Telephone:			
-						
Ex	olanation					

# **SCHEDULE D** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal	plan year beginning		01/01/2009 an	d end	ing 12/3	31/2009	
A Name of plan				В	Three-digit	İ	
					plan number (PN)	<b>)</b>	001
India Construction In	- 401/l-\ Dlan			13.50			<b>新文学</b>
Lydig Construction, Inc				Ь	Forting Manager	- N.L	
C Plan or DFE sponsor's name as sh	nown on line 2a of Form	ท 550	00	P	Employer Identification	1 Number (E	:IIN)
Lydig Construction, Inc					91-0672331		
			PSAs, and 103-12 IEs (to be co eport all interests in DFEs)	mple	eted by plans and	DFEs)	
a Name of MTIA, CCT, PSA, or 103	****						
<b>b</b> Name of sponsor of entity listed in	<del></del>						
<b>c</b> EIN-PN 93-0242990 009	d Entity P	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)		, or		9,947,363
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	ı (a):						
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)		, or		
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	ı (a):						
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			-	<u> </u>		·
<b>b</b> Name of sponsor of entity listed in	ı (a):						
c EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or		
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in					***		
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or		
a Name of MTIA, CCT, PSA, or 103	-12 IE:	·		:·		:	
<b>b</b> Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or		
a Name of MTIA, CCT, PSA, or 103	-12 IE:		e de la estada de la composição de la co			•	
<b>b</b> Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity	е	Dollar value of interest in MTIA, CCT,		or		

Schedule D (Form 5500)	2009	Page 2				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or     103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-12 IE:						
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or     103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or     103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or     103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-12 IE:						
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or     103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or     103-12 IE at end of year (see instructions)				

P	art II Information on Participating Plans (to be completed by DFEs)  (Complete as many entries as needed to report all participating plans)	
а	Plan name	
b	Name of	C EIN-PN
	plan sponsor  The plan is a second of the plan is a se	
	Plan name	
b	Name of plan sponsor	C EIN-PN
_	Plan name	
	Name of	C EIN-PN
_	plan sponsor	
а	Plan name	
b	Name of	C EIN-PN
	plan sponsor	and the second s
	Plan name	
b	Name of plan sponsor	C EIN-PN
a	Plan name	
_	Name of	C EIN-PN
	plan sponsor	The last state of the state of
а	Plan name	
b	Name of plan sponsor	C EIN-PN
_		
a b	Plan name Name of	C EIN-PN
	plan sponsor	CIN-TN
а	Plan name	
b	Name of plan sponsor	C EIN-PN
	pian sponsor	
	Plan name	
b	Name of plan sponsor	C EIN-PN
а	Plan name	
	Name of	C EIN-PN
	plan sponsor	
а	Plan name	
b	Name of plan sponsor	C EIN-PN

## SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Financial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB No. 1210-0110

Pension Benefit Guaranty Corporation	File as an attachment to Fo	rm 5500.	Inis Form is O	
r calendar plan year 2009 or fiscal plan ye	ar beginning 01/01/2009	and ending	12/31/2009	
Name of plan		<b>B</b> Three-c	digit	
		plan nu	mber (PN)	001
dig Construction, Inc. 40	1(k) Plan			
Plan sponsor's name as shown on line 2a	of Form 5500	<b>D</b> Employe	er Identification Number	(EIN)
dig Construction, Inc.		91-06	572331	

**Asset and Liability Statement** 

Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
Total noninterest-bearing cash	1a		
Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1,150,764	724,010
(2) Participant contributions	1b(2)	5,481	
(3) Other	1b(3)		
General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	183,118	181,584
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5,612,527	9,947,363
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1,067,954	766,371
(15) Other	1c(15)		

1d	Employer-related investments:	Γ	(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8,019,844	11,619,328
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
j	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	8,019,844	11,619,328

#### Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	724,010	
	(B) Participants	2a(1)(B)	507,748	
	(C) Others (including rollovers)	2a(1)(C)	21,686	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1,253,444
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	11,363	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11,363
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

			(a) Amount	(b) T	Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)			
	(B) Other	2b(5)(B)			
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)			0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)			
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)			2,410,210
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)			
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		:	
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)			
C	Other income	2c			27,516
d	Total income. Add all income amounts in column (b) and enter total	2d			3,702,533
	Expenses				
ę	Benefit payment and payments to provide benefits:				
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	100,823		
	(2) To insurance carriers for the provision of benefits	2e(2)			
	(3) Other	2e(3)			
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)			100,823
f	Corrective distributions (see instructions)	2f			
g	Certain deemed distributions of participant loans (see instructions)	2g			
h	interest expense	2h			
i	Administrative expenses: (1) Professional fees	2i(1)			
	(2) Contract administrator fees	2i(2)			
	(3) Investment advisory and management fees	2i(3)			
	(4) Other	2i(4)	2,226		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2í(5)			2,226
j	Total expenses. Add all expense amounts in column (b) and enter total	2j			103,049
	Net Income and Reconciliation				
k	Net income (loss). Subtract line 2j from line 2d	2k			3,599,484
ı	Transfers of assets:				
	(1) To this plan	21(1)			
	(2) From this plan	21(2)			
Pa	art III Accountant's Opinion				
	Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.	countant is	s attached to this Form 5500. Com	plete line 3d if an	opinion is not
a :	The attached opinion of an independent qualified public accountant for this plan	is (see inst	tructions):		
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse			
b [	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	8 and/or 10	)3-12(d)?	X Yes	∏ No
C	Enter the name and EIN of the accountant (or accounting firm) below:		क्षा राष्ट्र क्षेत्र क्षा भारते स्टूबर्टिंग के क्षा करते हैं है कि की किस कर है। जन्म दूर रहे क्षा जाने क्षा के किस के किस की किस की किस की किस की किस की किस की किस की किस की की की की की की क		
	(1) Name:Moss Adams LLP		(2) EIN: 91-0189318		
d 1	The opinion of an independent qualified public accountant is <b>not attached</b> becauding the control of the contro		ext Form 5500 pursuant to 29 CFF	₹ 2520.104-50.	

Page 4-

Pa	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 iEs, and GiAs do not complete 4a, 4e, 2 iEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g	, 4h, 4k, 4	m, 4n, or	5.	
	During	the plan year:		Yes	No	Δ	mount
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures illy corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans do by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.).	4b		x		
_		•	40				
C	uncolle	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		Х	(verti)	
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is	4d		x		
е	Was th	nis plan covered by a fidelity bond?	4e	х			500,000
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4g	Martin Rich	X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, be instructions for format requirements.)	4i	X	rouge) i procesi Orientalia Orientalia		
j	value d	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	<b>4</b> j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		Х		
m		s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		X		
n		vas answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
5а		resolution to terminate the plan been adopted during the plan year or any prior plan year?  enter the amount of any plan assets that reverted to the employer this year	Yes	s 🛛 No	Amour	nt:	
5b		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	ify the pla	n(s) to wh	ich assets or l	iabilities were
	5b(1) !	Name of plan(s)		!	5b(2) EIN	(s)	5b(3) PN(s)
•							

# SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Retirement Plan Information** 

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation		ļ		ins	pection.		
For				/31/20	09			
A١	Name of plan	В	Three-d	-				
I	Lydig Construction, Inc. 401(k) Plan		plan ni	umber		001	ı	
		1111	(PN)			00.	<u>-</u>	
C	Plan sponsor's name as shown on line 2a of Form 5500	D	Employ	or Idont	ification N	umber (El	MN	
	•		• •			uniber (Ei	111)	
I	Lydig Construction, Inc.		91-06	57233	1			
Pa	art I Distributions							
All	references to distributions relate only to payments of benefits during the plan year.							
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions			1				
2	Enter the ElN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri	na the	LL. vear (if	more th	an two e	nter FINs	of the tw	
	payors who paid the greatest dollar amounts of benefits):		<i>y</i> y ou. (					
	EIN(s): 93-0242990							
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.							
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the	nlan						
•	year			з	-			
· P	art II Funding Information (If the plan is not subject to the minimum funding requirements o	f sect	ion of 41	2 of the	Internal F	Revenue C	ode or	_
	ERISA section 302, skip this Part)							
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			∐ Y∈	es	No	<u> </u>	N/A
	If the plan is a defined benefit plan, go to line 8.							
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver.  Date: Mont	h		Day _		Year		
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the ren	ıaind	er o <u>f thi</u>	s sched	dule.			
6	a Enter the minimum required contribution for this plan year			5a				
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year			5b				
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)			6c				
	If you completed line 6c, skip lines 8 and 9.							
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			П үе	s [	No	Пъ	I/A
				П.,			`` لسا	
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure prov automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator a with the change?			Ye	s [	No	Пм	<b>!</b> /A
D-	art III Amendments		•					
	- 1				•			
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box	ıse		ecrease	· []	Both	∏ No	<b>,</b>
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(a skip this Part.	e)(7) d	of the Int	ernal Re	evenue Co	ode,		
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repart	/ any	exempt	loan?		Yes	П	No
11	a Does the ESOP hold any preferred stock?	******		*********		Yes		No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "b (See instructions for definition of "back-to-back" loan.)	ack-t	o-back" l	loan?		Yes		No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?					Yes		No

		Schedule R (Form 5500) 2009 Page <b>2</b> -
Pá	art V	Additional Information for Multiemployer Defined Benefit Pension Plans
13	Ent	er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers.
	a	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	_	
	a b	Name of contributing employer
		EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)  Month Day Year
	e	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer

Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box

Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,

Unit of production

Day .

Other (specify):

and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month

Weekly

complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)
 (2) Base unit measure: Hourly

	Schedule R (Form 5500) 2009 Page 3		
14	Enter the number of participants on whose behalf no contributions were made by an employer as an participant for:	employer of the	
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an oblemployer contribution during the current plan year to:	igation to make an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimassessed against such withdrawn employers		
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the supplemental information to be included as an attachment.		
P	art VI Additional Information for Single-Employer and Multiemployer Defin	ied Benefit Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year cons and beneficiaries under two or more pension plans as of immediately before such plan year, check be information to be included as an attachment	ox and see instruction	s regarding supplemental
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	a Enter the percentage of plan assets held as:     Stock: % Investment-Grade Debt: % High-Yield Debt: % Real Es	state: % Oth	er: %

Provide the average duration of the combined investment-grade and high-yield debt:

0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

Modified duration Other (specify):

C What duration measure was used to calculate item 19(b)?

Effective duration Macaulay duration

# Form **5558**(Rev. January 2008) Department of the Treasury

Signature ▶

# Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I	Identification							
Lyd	ne of filer, plan administrator, or plan sponsor (see instructions) dig Construction, Inc.	<b>B</b> X						
	mber, street, and room or suite no. (If a P.O. box, see instructions)		91-067		331			
	DBox 11035 y or town, state, and ZIP code	<b></b>  □	Social security number (SSN)					
_ ^	okane WA 99211	ŀ						
3	Plan name		Plan Plan year ending—			g—		
<b>,</b>	Tan name		number				YYYY	
1 Lyd	dig Construction, Inc. 401(k) Plan	0	0	1	12	31	2009	
2			:					
3								
art II	Extension of Time to File Form 5500 or Form 5500-E	<b>Z</b> (see in:	struct	ions)				
l re	equest an extension of time until 10 / 15 / 2010 to file	Form 5500	or Fo	rm 550	0-EZ.			
nor	e application is automatically approved to the date shown on lin mal due date of Form 5500 or 5500-EZ for which this extension is onths after the normal due date.							
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.							
Voi	u must attach a conv of this Form 5558 to each Form 5500 and 5500	-F7 filed a	fter the	due d	ate for the r	alane lieted i	in C ahove	
					ate for the p	olans listed	in C above.	
	u must attach a copy of this Form 5558 to each Form 5500 and 5500 signature is not required if you are requesting an extension to file Form 5				ate for the p	olans listed i	in C above.	
ote. A s	signature is not required if you are requesting an extension to file Form 5  Extension of Time to File Form 5330 (see instructions)	500 or Forn	n 5500		ate for the p	olans listed	in C above.	
art III	signature is not required if you are requesting an extension to file Form 5	500 or Forn Form 5330	n 5500	-EZ.			in C above.	
art III I re You	signature is not required if you are requesting an extension to file Form 5  Extension of Time to File Form 5330 (see instructions)  equest an extension of time until	Form 5330	n 5500	-EZ.			in C above.	
art III	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/ to file unay be approved for up to a six (6) month extension to file Form 5330,	Form 5330	n 5500	-EZ.			in C above.	
I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	in C above.	
I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	in C above.	
I re You a Ent	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	in C above.	
I re You a Ent	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	n C above.	
I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	in C above.	
I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	in C above.	
I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	in C above.	
art III  I re You a Ent b Ent	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	n C above.	
Part III  I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	n C above.	
Part III  I re You a Ent b Ent c For	Extension of Time to File Form 5330 (see instructions)  equest an extension of time until/	Form 5330 after the n	n 5500	-EZ.		330.	n C above.	
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MGA

Date ▶